DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 8/10/10

PRINTED: 06/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445172	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/21/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITH COUNTY HEALTH CARE CENTER	112 HEALTH CARE DR CARTHAGE, TN 37030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exit access. National Fire Protection Association (NFPA) 101, 7.5.1.1 The findings include: Observations on 6/21/10 at 12:01 p.m. revealed the exit doors located in the following areas were sticking to the door frames: a. 600 stairwell side exit door (2nd floor). b. 600 stairwell side front exit door. c. 1st floor exit door leading into 600 side stairwell. These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 6/21/10.	K 038	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* K038 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice will be identified by use of this exit. It is the practice of this Center to maintain exits that are readily accessible at all times. The 600 stairwell side exit door (2nd floor), the 600 stairwell side front exit door and the 1st floor exit door leading into 600 side stairwell will be adjusted to open/close without sticking. Future compliance will be assured by monitoring by Plant Operations Director and Administrator. All Corridor Doors are inspected monthly to assure compliance by the Plant Operations Director. Documentation will be in the Preventive Maintenance (PM) Log. PM Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue. Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the PI (QA) Committee Monthly.	08/06/10
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible	K 050	K050 Residents found to be affected by the deficient practice were not identified.	08/06/10

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 06/09/10

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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K 050	Continued From page 1 alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill. The findings include: Observations during the fire drill on 6/21/10 at 11:50 a.m. revealed the staff member selected to react to the drill failed to close the resident's room door and failed to announce the location of the fire. National Fire Protection Association (NFPA) 101, 19.7.1.2 This findings was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 6/21/10.	K 050	Residents who have the potential to be affected by this deficient practice will be identified by need assistance during a fire or emergency. It is the practice of this Center to comply with NFPA 101,7.1.2 at all times. The Staff Development Director (SDC), SDC Assistant will inservice all employees on Fire Drill Procedure (06/29/10 and ongoing). The SDC and Plant Operations Director will conduct Fire Drills to test and instruct employees on Fire Drill Procedure. Fire Drills are conducted and monitored (by SDC and/or Plant Operations Director) at unexpected times under varying conditions, at least Quarterly on each shift. Instruction with Questions and Answers are provided to the employees at the end of each fire drill. Sign In Records are maintained of the Fire Drills and Inservices. The results of the Fire Drills are reported to the Safety Committee monthly. The Safety Committee reports to the PI (QA) Committee monthly.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and testing, it was	K 052	K052 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be identified by an emergency. It is the practice of this Center that the fire alarm system be installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 70. During the Fire alarm test the visual alarm system was flashing, then malfunctioned . The system was reviewed, repaired and functioning (tested) 06/22/10.	08/06/10

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K 052	Continued From page 2 determined the facility failed to maintain the fire alarm system. The findings included: Observations during the fire drill on 6/21/10, at 11:55 a.m. revealed the fire alarm's visual signals located throughout the first and second floor corridors were not flashing. National Fire Protection Association (NFPA) 101, 9.6.3.6 Observations and testing of the main fire alarm panel on 6/21/10, at 12:15 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at the main fire alarm panel located across the 2nd floor nurses station. National Fire Protection Association (NFPA) 72, 1-5.4.6 These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 6/21/10.	K 052	The audio and visual signals for phone line trouble reporting repaired and operational. Phone lines #1 and #2 require a new dialer. New dialer ordered, to be installed and operational. (old dialer is operational) Plant Operations Director is responsible and schedules fire alarm system testing. The fire alarm system is tested quarterly. Records of the testing are kept at the Center. In addition the fire alarm system is activated during Fire Drills. (one drill per day shift and one drill evening shift per month.) Any issues with the fire alarm system is noted for report and the contractor notified for repair. The results of the Fire Drills are reported to the Safety Committee monthly. The Safety Committee reports to the PI (QA) Committee monthly.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system. The findings included: Observation of the kitchen on 6/21/10, at 12:35	K 062	K062 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be identified by an emergency. It is the practice of this Center that the automatic sprinkler system is continuously maintained in reliable operating condition, inspected and tested periodically. Corroded sprinklers located in the dish washing area to be replaced. Corroded sprinklers located in the Laundry Room (washer area) to be replaced Plant Operations Director to inspect Center to find any additional affected sprinkler heads. (07/15/10)	08/06/10

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K 062	Continued From page 3 p.m. revealed the sprinklers located in the dish washing area were corroded. National Fire Protection Association (NFPA) 25, 2-2.1.1 Observation of the laundry room (washers) on 6/21/10, at 12:40 p.m. revealed the sprinklers were corroded. NFPA 25, 2-2.1.1 These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 6/21/10.	K 062	The Plant Operations Director inspects the Sprinkler system monthly. Documentation is in the Center Preventive Maintenance Log.. Preventive Maintenance Logs are reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue. The Quarterly Sprinkler Inspections are reported to the Safety Committee. The Safety Committee reports to the PI Committee monthly. . The Safety Committee reports to the PI (QA) Committee monthly.	
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and interview it was determined the facility failed to protect the cooking facilities. The findings include: Interview with kitchen staff member #1 on 6/21/10 at 12:30 p.m. revealed that staff member #1 did not know how to manually operate the kitchen's hood fire extinguishing system. The instructions and shall be reviewed periodically with employees by the management. National Fire Protection Association 96, 8-1.4 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 6/21/10.	K 069	K069 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be identified by an emergency It is the practice of this Center that the cooking facilities are protected in accordance with 9.2.3 19.3.2.6 NFPA 96. The Staff Development Director (SDC), SDC Assistant, Dietary Services Manager will inservice all employees on Fire Drill Procedure (06/22/10 and ongoing). The SDC and Plant Operations Director will conduct Fire Drills to test and instruct employees on Fire Drill Procedure. Fire Drills are conducted and monitored (by SDC and/or Plant Operations Director) at unexpected times under varying conditions, at least Quarterly on each shift. Instruction with Questions and Answers are provided to the employees at the end of each fire drill. Sign In Records are maintained of the Fire Drills and Inservices.	08/06/10
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 4 This STANDARD is not met as evidenced by: A fire barrier wall shall extend from the foundation or floor below to the underside of the roof or floor deck above. Any voids or gaps created by the meeting of the wall and floor below and the underside of the roof or floor deck above shall be filled with an approved material with a fire resistance rating at least equal to that of the fire wall. National Fire Protection Association (NFPA) 221, 3.2 Based on observations, it was determined the facility failed to maintain the fire barriers. The findings included: Observations on 6/21/10 at 10:26 a.m. revealed the fire barrier walls located in the following areas were not sealed at the roof deck and had penetrations in the walls: a. 300 stairwell. b. 600 stairwell. c. 600 side stairwell. d. 700 stairwell. f. 800 stairwell. These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 6/21/10.	K 130	The results of the Fire Drills are reported to the Safety Committee monthly. The Safety Committee reports to the PI (QA) Committee monthly. K130 NFPA 101 MISCELLANOUS. Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice would be identified by an emergency. Fire barrier walls located in the following areas to be sealed with approved material with fire resistance rating at least equal to that of the fire wall. Any penetrations will also be addressed at this time. 300 stairwell, 600 stairwell, 600 side stairwell, 700 stairwell and 800 stairwell. The Plant Operations Director to inspect the Smoke Barriers and Fire Walls for penetrations (07/23/10). The Plant Operations Director to inspects the Smoke Barriers and Fire Walls for penetrations monthly as apart of the Center Preventive Maintenance (PM) program. Documentation is in the PM Logs that are reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue. The Safety Committee reports to the PI (QA) Committee monthly. The membership of the Safety Committee is: Admin, DON, Staff Development Dir, Directors of: Soc Services; Act; Payroll & Benefits; Dietary Services, Hskg/Laundry, Maintenance and representatives of CNT, Housekeeping/Laundry and Dietary.	08/06/10

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